

**ARIZONA STATE BOARD OF HEALTH**  
BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. 180a  
Registered No. 101

1. PLACE OF BIRTH

County Pima State \_\_\_\_\_  
District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Tucson No. 1st Springs St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Bilia Moreno { If child is not yet named, make supplemental report, as directed.

3. Sex of Child F To be answered ONLY in event of plural births. 4. Twin, triplet or other \_\_\_\_\_ 5. No., in order of birth \_\_\_\_\_ 6. Legitimate? yes 7. Date of birth 11/25/30  
Month Day Year

8. FATHER  
Full name Ignacio Moreno  
9. Residence (Usual place of abode) Miami  
If non-resident, give place and state.

10. Color or race Mex 11. Age at last birthday 28 (Years)

12. Birthplace (city or place) Mexico  
(State or country)

13. Occupation Miner  
Nature of industry

14. MOTHER  
Full maiden name Josephine Mora  
15. Residence (Usual place of abode) Miami  
If non-resident, give place and state.

16. Color or race Mex 17. Age at last birthday 19 (Years)

18. Birthplace (city or place) Mex  
(State or country)

19. Occupation H.W.  
Nature of industry

20. Number of children of this mother 2 (Taken as of time of birth of child herein certified and including this child.)  
(a) Born alive and now living 2  
(b) Born alive but now dead \_\_\_\_\_  
(c) Stillborn \_\_\_\_\_ 21. Were precautions taken against ophthalmia neonatorum?

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

I hereby certify that I attended the birth of this child, who was born at 5 P. m. on the date above stated.  
(Born alive or stillborn)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature C. F. Perkins (Physician or midwife).

Given name added from a supplemental report \_\_\_\_\_ Address Miami  
Month, day, year \_\_\_\_\_ Filed Apr 12, 19 31 C. E. Dorris  
Registrar Registrar

246-425-141